



Student Media Release Form

For the period July 1, 2016 through October 1, 2017

Permission to permit Area Cooperative Educational Services to use student photo/video/audio for instructional and marketing materials.

I, the undersigned parent/guardian of _____ do hereby grant permission to Area Cooperative Educational Services (ACES) and/or its designated representative for the following purposes:

Please circle YES or NO for each category

I approve		Category
Yes	No	INSTRUCTIONAL, e.g., Bulletin Boards, videos, class presentations, school website
Yes	No	SCHOOL YEARBOOKS
Yes	No	PROMOTIONAL, e.g., brochures, print and social media, videos

As the parent or guardian of the above named student, I have read the ACES Student Media Release Form and understand the possible usage of my child's image. I understand that ACES has taken precautions to ensure appropriate use and display in the media, but it is impossible for ACES to control all media outlets. I will not hold ACES, staff, faculty, agents and employees responsible for any misrepresentation, e.g., mechanical reproductions, optical illusions, or distortions, that I consider inappropriate.

Date	Name (please print)
School	Signature
Grade and/or Team	Address
Email address	City, State, Zip
	Daytime telephone number

If you have any questions or to get additional information, please call the ACES Public Information Office at 203-498-6881. 350 State Street, North Haven, CT 06473 ♦
 Phone: (203) 498-6800 ♦ www.aces.org